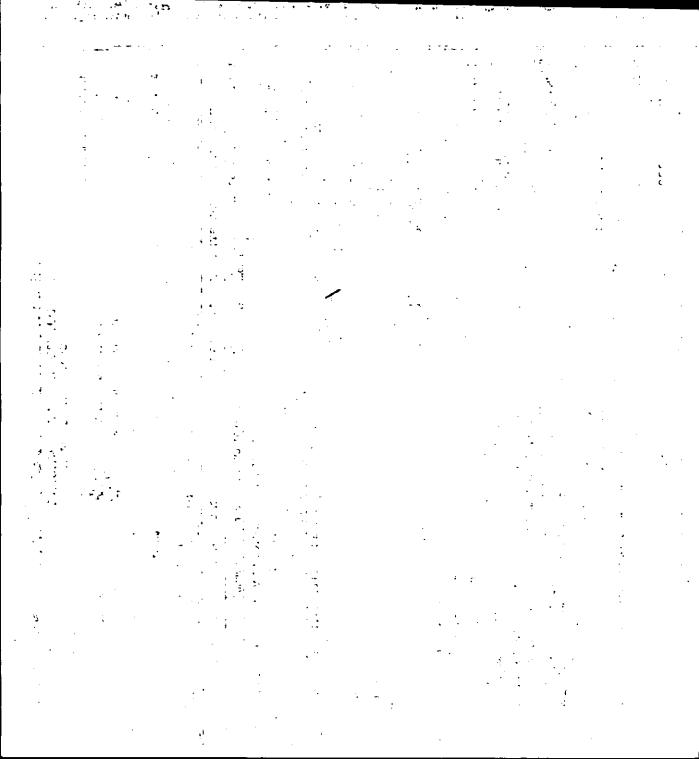
MISSOURI STATE BOARD OF HEALTH Do not use this space. snould be stated EXACTLY. PHYSICIANS should state id. Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 24681 1. PLACE OF DEATH 791 County Registration District No...... Primary Registration District No. On (a) Residence, No......(Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U.S., if of foreign birth? mos. da. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) CERTIFY, That I attended deceased from . IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to have occurred on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) so that it may be properly classified. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DÁYA If LESS than 1 day. .....hrs. or .....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which' work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years) spent in this 10. Date deceased last worked at Other contributory causes of importance: this occupation (month and year)..... occupation..... 12. B(RTHPLACE (CITY OR TOWN)... (STATE OR COUNTRY) 13. NAME in plain terms, What test confirmed diagnosis? ...... Was there an autopsy? 14. BIRTHPLACE (CITY OR TOWN). ( STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME 16, BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. DEATH 17. INFORMANT..... (ADDRESS) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury...... 6 24. Was disease or injury in CAUSE If so, specify.... (ADDRESS) 20. FILED! Registrar.



1	I STATE BOARD OF HEALTH REAU OF VITAL STATISTICS CERTIFICATE OF DEATH	ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
	gistration District No	
(a) Residence, No	St., Ward. (If 1 978. mos. ds. How long in U. S., if of	nonresident, give city or town and State) foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICUL  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, W DIVORCED (write th	/IDOWED, OR 21. DATE OF DEATH (MONTH, DAY,	
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		That I attended deceased fro 19
da	to have occurred on the day Britte  LESS than 1  The principal cause of death and  ay,	d above, atm. related causes of importance were as follow  Date of sea
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	(years)	Legnant ()
12. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)		
13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	What test confirmed diagnosis?	Date of
15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Accident, suicide, or homicide?  Where did injury occur?(S	nuses (riolence), fill in also the following:  Date of injury
17. INFORMANT (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
19. UNDERTAKER (ADDRESS)	If so, specify	ay related to occupation of deceased?, M. I
20. FILED 111 117:19.	Registrar.	

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John Dall